File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Oes Moines, lowa 50319 Fax: 515-281-4073

Reset Form

IA ETHICS AND
DAMPAIGN DISPLOSURE DE
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2009 JAN 21 AM II: 13

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## FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of	Organization)	7		:
Mahaska Co. Republican C	entral Commiller	Ιг	FORM	
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(4) County Central Committee (5) County Central Committee (5) County Central Committee (5) County Central Committee (5) County Central Central County Central	te (2)State PAC (3)State Party		Rev. 07/2007)	REPORT
(4) County Central Committee (5) County Candidate (6) City C Subdivision Candidate (8) County PAC (9) City PAC (10) Sch 11) Local Ballot Issue	andidate (7) School Board or Other Political	.	or Office Hos O	
	Ottor Fortical Subdivision PAC		or Office Use On	"a11) lo
CANDIDATE COMMITTEES ONLY: Candidate Name		7 1	ogged in	1100 4
	Political Party (if applicable)	1 1	canned	
Office Sought			computer	
	District (if Senate or House)		udited	
ate reports are subject to possible civil and criminal penalties.	Pursuant to Iowa Code sections 68B.32A(7)	_	VA.401(3), the car	odidate for a
Opt Remark )				
SIGNATURE OF PERSON FILING REPORT	( <u>641) 660 - 256</u> 8 TELEPHONE		1/14/08	
TENSON FILING REPORT	TELEPHONE	-	DATE SI	GNED
AM FILING A JAN . 19, 2009				
	REPORT FOR (1) ELECTION /(2	)NON-E	ELECTION YEA	R.
(iopoit date)	Indicate by # 1			
CHECK IF AMENDMENT TO REPORT DATED	I or	ei Com	nittees, enter Date	- 7 274 .4
Check if this is final (termination) most and attack to the	4	en Conn	ratioes, enter Date	of Election
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	e of Dissolution Form DR-3.	inty & Lo	ocal Committees, o	antor County in
	Su./		COLIMINEDOS, 6	atiles County in
	; wn	ch Electi	ion is held	
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STATEMENT OF CASH ON HAM	ND	hah	on is held aska	
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## For Instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) epublican

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
11/12/08	ID# CK# <i>506-72683</i> 8	State Farm Ins, Ro, Box 82542 Lincoln, Nebraska 6850-2542 (reim bursement of unuscol premium)	N/A	<b>\$</b> 131.57	
	ID#	(reimbursement of unused premium)			
	ID# CK#				
`	ID# CK#		`		
	ID# CK#				
		TOTAL (if last page	SUB-TOTAL of this schedule)	\$ \$13157	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

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Reset Form

## EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)	
Do.	
(M) observed $(M)$ $(M)$	
Mahaska Co, Republican Central Committee	

	1100170	epublican Central Comm.	17766	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/17/08	i -	Mid-American Energy Hwy, 63 North Oskalocsa, Ia. 52577	utilities at headquarters for Sept. and Oct. billing	\$ 96.94
10/29/08		Oskalovsa Herald Moi A Aue. West Oskalovsa, Ig. 52577	ad facturing Candidates	577.00
"/7/108	ID# CK# 1093	Total Choice Shipping 1412 A Ave West Oskaloosa, Ia. 52577	Copies, frinting, etc.	17.80
1	1017	True Value Hardware 202 1st Ave. East Oskaloosa, Ia. 52517	lockset for headquarters	17.11
12/1/08	ID# CK# 1095	Mid American Energy Hwy. 63 North Oskaloog, Ia. 52577	utilities at heodquarters (final bill)	179.08
12/14/08	1096	Barry Visser 802 1st Ave. West Oskaloosa, Icua 52577	reimburse for sign posts, Zip ties etc. and game boand for Southern Fown Fair	67.28
·	ID# CK# debit	Deluxe Business Forms/Su 10030 Phillipp Parkway Streetstom, Ohio 44241	oplie5	72.80
	ID# CK#			
			SUBTOTAL	

SUB-TOTAL
TOTAL (if last page of this schedule)

\$ 1028.01

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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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